| PATENT APPLICATION FEE DETERMINATION RECO | | | | | | | | | Application or Docket Number | | | | |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------|-------------------------------------|--------------|-------------------------|----------|-------------------|------------------------------|-----------------|------------|------------------------|--|
| | PAIEN | OHE | 10785291 | | | | | | | | | | |
| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN | | | | | | | | | | | | | |
| F | OTAL CLAIM | ş · | 9 | | | | 1 | RATE . FEE | | OR SMALL ENTITY | | | |
| F | OR | | MUMBE | MUMBER FILED | | MUMBER EXTRA | | BASIC FEE 385.00 | | OR | RATE | . FEE | |
| | OTAL CHARGE | ABLE CLAIMS | 18 . | 9 minus 20- | | . 13 | | XS 9= | | ┧┈ | | 7.0.00 | |
| | DEPENDENT (| LAIMS | 12 | 2 iminus 3.= | | 8 | | X43e | | OR | ¥20 | | |
| E | IULTIPLE DEPE | NDENT CLAIM | PRESENT | | | | | | | OR | - | | |
| " If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | ' | +145= | - | OR | +290= | | |
| | CLAIMS AS AMENDED - PART II | | | | | | | | · L | OR | | (2) | |
| _ | · · · · · · · · · · · · · · · · · · · | (Column 1) (Column 2) (Column 3) CLAIMS NEGREST | | | | | | | | OR | SMALL | | |
| ENDMENT A | 8016 | REMAINING AFTER AMENDMENT | | PREVIO PAID I | BER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | T tal | . 9 | Minus | -6 | <u>v</u> | • | | X\$ 9- | | OR | xs as 0 | 766_ | |
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| - | FIRST PRESENTATION OF MULTIPLE DEPENDENT CL | | | | | | ! | +145= | | | +290= | | |
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| 01 | 68 07 | 19(4-0)(=1,5) (00:0)(1)(1) | | | | | | | | Jon , | NOOIT. FEE | | |
| AMENDMENT B | 4/5 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE MUMB PREVIOU PAID F | ER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | • 9 | Minus | - 20 |). | - W | lΓ | XS 9- | | OR | X\$18= | | |
| ₹ | Independent FIRST PRESE | NTATION OF M | Minus ULTIPLE DE | TIPLE DEPENDENT C | | • Y . | | X43= . | • | OR | X86- (| 7) | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | | OR | 1292 | | |
| | | | | | | | | TOTAL DIL PEE | | OR. | TOTAL | | |
| | | (Column 1) | | (Columi | | (Column 3) | | | | | COIT. FEEL | - | |
| ENT C | 4/03/11 | REMAINING APTER AMENDMENT | • | MOHE MARIE PREVIOU PAID FO | A ISLY | PRESENT . EXTRA | T | RATE | ADOI- TIONAL | | RATE | ADDI- TIONAL | |
| AMENDMEN | Total | • 11 | Minus | - 0 | 20 | • | | 35 | FEE | } | XSE- | FEE | |
| AME | | 2 | Minus | | | • | — | X63 JUS | | | XB. JU | | |
| PHIST PRESENTATION OF MILITIPLE DEPENDENT CLAIM OR ASSE | | | | | | | | | | | | | |
| • # | * If the entry in column 1 is lace than the entry in column 2, write 'T' in column 3. ** If the "Highest Number Previously Paid For IN THIS SPACE is test than 20, write '20." OR 107AL OR 107AL | | | | | | | | | | | | |
| | the Trighest Number 1 Commission of the Trighest Name | | | | | | ADI | YT FEE | | A P | NAT REE | • ; | |
| | *** | | , | | y was and th | - California (Milioria) | TOUR | IT The App | ropriate bas i | n celle | 1. | 1 | |